ARIZONA DEPARTMENT OF HEALTH

SERVICES DIVISION OF BEHAVIORAL HEALTH CULTURAL COMPETENCE ORGANIZATIONAL ASSESSMENT PROTOCOL

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Arizona Department of Health Services Division of Behavioral Health Cultural Competence Organizational Assessment Protocol

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Arizona Department of Health Services Cultural Competence Organizational Assessment Protocol

Introduction

Purpose

Arizona seeks to address disparities in healthcare among underserved groups who may not receive the culturally relevant and linguistically appropriate care they need.

This assessment is designed specifically for behavioral health organizations to assess their cultural competence, ensuring the promotion of quality services to diverse groups. It is the first step in the process of continuous quality improvement.

By conducting a cultural competence Organizational Assessment, you will be able to: **Definition:** Cultural Competence is the awareness and capability of an organization at all levels to value diversity in the delivery of care to all populations served. It is the willingness to integrate cultural attitudes, beliefs, and practices into administrative policies as well as diagnostic and treatment methods.

Cultural Competence is also the continued promotion of staff diversity as well as skills and training to ensure that services are culturally appropriate.

- Identify your organization's understanding of the ethnic and cultural composition of its consumer and employee populations;
- Identify the unique attributes of a given cultural group to ensure access, appropriate treatment and effective communication between providers, and consumers;
- Reveal opportunities for your organization to make itself more accessible to diverse populations, thereby enhancing its marketing capabilities as well as strengthening its ties to the community;
- Ensure that administrative policies and practices, as well as clinical skills and practices are responsive to the culture and diversity within the populations served; and,
- Show to the community that your organization values diversity and desires to increase its cultural competence.

The organizational assessment protocol intents to serve as an internal assessment tool to help your organization evaluate where it ranks within a "spectrum of cultural competence." It is an opportunity to see how your organization is meeting the needs of diverse populations; both consumers and those in your organization or agency. The results of this Organizational Assessment will help your organization gain a broad perspective of its policies, programs, and procedures relevant to ethnic and cultural concerns. The findings will suggest actions your organization will need to take to improve its cultural competence.

HOW TO CONDUCT THE ORGANIZATIONAL ASSESSMENT PROTOCOL

A. Create an assessment team of stakeholders

The organizational assessment should be led by a small committee (assessment team) of management level staff that represents, or has access to, key functions or departments.

The assessment team should be comprised of individuals who can access and interpret data addressing the composition of the consumer, provider and staff population.

Team members may come from administrative departments such as finance, utilization management, consumer services, human resources, information systems, community services, clinical services provider services, health education, quality management, marketing, claims or other administrative departments. Additionally, there should be individuals whose jobs are directly concerned with ethnic/cultural issues (i.e. cultural and linguistic specialists, diversity coordinators, translators/interpreters, social workers, and community relations). (Different clinical disciplines should also be represented including: physicians, nurses, and clinical liaisons.) The team may benefit by inviting consumers or representatives of your community. The team itself should also reflect ethnic/cultural diversity.

A typical assessment team consists of 6 or 7 individuals plus the team leader and team coordinator.

B. Select an assessment team leader

Deciding who serves as leader of the assessment team is an important decision. The leader should be an individual, who is well-positioned within the organization; who has access to people at all levels and information from all sources. The leader must be credible, respected, and generally regarded as sensitive to diversity issues. Equally important is the explicit support for this initiative from the Chief Executive Officer (CEO)/Director, and other prominent leaders. They can demonstrate such support through written and verbal communication, as well as by devoting time and other resources needed to conduct the assessment.

STEPS IN THE ORGANIZATIONAL ASSESSMENT PROTOCOL PROCESS

There are generally five steps in the-Organizational Assessment. However, Organizations will vary the time spent or depth of inquiry at various stages of the process.

Step 1 Organization

- a. The CEO/Director appoints the team leader and assessment team.
- b. CEO /Director and other organizational leaders affirm the assessment team's charter.
- c. The assessment team develops a timeline for the entire project.
- d. The team leader assigns sections of the organizational assessment to the assessment team members

Step 2 Completing the Questionnaire

- a. Assessment Team members determine who is best able to complete each section of the questionnaire and take responsibility for its completion.
- b. Assessment team members discuss what supplementary materials may support the information provided in the questionnaire (e.g. consumer information pamphlets) and take responsibility for obtaining them. Phone and email-can be used to exchange documents and information.

Step 3 *Interviews*

- a. The assessment team reviews and discusses findings from the questionnaire. Based on those results, the assessment team determines what individual or group interviews should be conducted to further explored issues identified in the questionnaire or to clarify areas that are ambiguous.
- b. Members of the assessment team decide who will complete each of the interviews.

Step 4 Evaluation of Results

- a. The assessment team reviews the data from the questionnaire and the interviews.
- b. Drawing on the data and analyses, following the scoring instructions (Appendix X) the assessment team decides where the organization ranks along the "spectrum of cultural competence."

Step 5 Reports and Action

- a. Depending on the charge given the team in Step 1, the assessment team discusses findings with multiple audiences. These findings are required in a written report to the CEO/Director, assessment team and select staff members.
- b. In addition to an-assessment of overall cultural competence, the report should include a work plan with specific findings, recommendations and conclusions for actions to be taken and incorporated into the existing cultural competency plan. Those accountable for taking these actions will be identified in the cultural plan.

HOW LONG DOES THE ORGANIZATIONAL ASSESSMENT PROTOCOL TAKE?

Depending on the availability of data and the complexity of the organization, the entire Organizational – Assessment can be completed in eight to twelve. Completing the questionnaire and conducting the interviews can be simultaneous if desired.

THE INTERVIEWS

There is no magic number of interviews, but individuals from each of the following groups should contribute:

Board of Trustees Community Relations Staff Crisis Care Staff Administration Public Relations Staff Case Mangers

Community Leaders Consumer Advocates Clinicians/Clinical Liaison

Consumers Psychologists Diversity Trainers

Translators/Interpreters Substance Abuse Counselors Maintenance/Housekeeping Staff

Nurses Support Staff

Physicians

OBTAINING INFORMATION

Before the process begins interviews are scheduled, the CEO/Director should issue an affirmation and general announcement about the Organizational Assessment, its purpose, and what the organization will do with the results. Members of the committee should contact the interviewees, emphasize that *information obtained is confidential* and that *results will be shared only in aggregate form.* The interview will generally last 15 to 45 minutes, and participants should be encouraged to bring along relevant data, materials, etc. Invite them to show you materials such as patient information pamphlets, translated newsletters, etc.

In general, the interviews should elicit information about those policies and practices that impact ethnic/cultural competence. Information should identify both support and barriers to ethnic/cultural competence. Additionally, information provides the opportunity to learn about individuals' opinions and attitudes about this subject and to explore related areas that may not be covered in the questionnaire. Interview questions are suggested on page 40. You will want to add or delete some based on your particular findings and interests.

HOW THE QUESTIONNAIRE IS ORGANIZED

The questionnaire is divided into three sections, each with distinct features:

Questions in Section 1 relate to the ethnic/cultural characteristics of the staff and organization. There are two sub-sections covering the following: (a) organizational profile (board, staff, and consumer/community profiles); and (b) behavioral health organizational recognition of diversity needs.

Questions in Section 2 relate to behavioral health organizational approaches to accommodate diversity needs and attributes. There are two sub-sections covering the following areas: (a) cultural competence and diversity training; (b) human resource programs.

Questions in Section 3 are dedicated to behavioral health organizational links to the communities you serve, as well as consumer and staff diversity initiatives. This section is divided into five parts: (a) behavioral health organizational links to diverse communities; (b) organizational adaptation to diversity; (c) database systems and data development; (d) language and communication needs of consumers and staff; and (e) business strategies attracting consumers from diverse cultures.

USING THE RESULTS

This Organizational Assessment will help an organization evaluate where it ranks within a "spectrum of cultural competence." However, it is important that the assessment team completing this Organizational Assessment not view it as a quiz with a set of perfect answers. It is, rather, an opportunity to consider candidly the extent to which the behavioral health organization is meeting the needs of diverse populations, both patients and those in the work force. The findings will, in themselves, suggest actions an organization may take to improve its cultural competence. The results of this internal review will help the behavioral health organization gain a broad perspective of its policies, programs and procedures relevant to ethnic and cultural concerns. Please refer to the accompanying scoring guide (Appendix X) for data analysis and interpretation.

ARIZONA DEPARTMENT OF HEALTH SERVICES DIVISION OF BEHAVIORAL HEALTH CULTURAL COMPETENCE ORGANIZATIONAL ASSESSMENT PROTOCOL

PART 1: ETHNIC/CULTURAL CHARACTERISTICS OF YOUR ORGANIZATION

This section profiles the ethnic and cultural characteristics of your board, staff and consumers/members served. It contains general questions on the characteristics of your staff and the behavioral health organization. Questions relate to two broad areas: staff profiles and organizational recognition of diversity needs.

<u>PART 1A</u>: ORGANIZATIONAL BOARD, STAFF AND CONSUMER PROFILES (*Note: Your behavioral health organization may create additional ethnic/cultural categories, we have one "other" category that can be expanded)*

1.	Ethnic and Cultural Characteristics – For each of the ethnicity groups listed below, please provide
	percentages to complete the following table., actual or estimated, and indicate whether your response
	is based upon Ethnic and Cultural Characteristics – For each of the ethnic/cultural groups, please
	provide <u>actual</u> percentages, estimates or ranges. Base all responses on the past fiscal or calendar
	year. Please indicate whether (1) fiscal year: from to, or (2) calendar year: from
	to

	Board Members	Administration, Management, Support	Clinical & Other Direct Service	Organization/ Support Staff Consumers Served
Black orAfrican-American				
American Indian/ Alaska Native				
Asian				
White-/European- American				
Hispanic/Latino				
Native Hawaiian /Other Pacific Islander				
Other (specify)				
Two or More Races				
Total 100%				

	Does the organization conduct periodic assessments of community and/or consumer needs at least ery 5 years?
	☐ Yes ☐ No
	To what degree does your executive committee/ board members reflect the ethnic/cultural aracteristics of your consumers? 1 2 3 4 5 not at all somewhat almost a perfect match
4.]	Has the administration identified ethnic/cultural competence as an organizational concern?
	☐ Yes ☐ No
5.	In what ways has the administration identified ethnic/cultural competence as an organizational concern?
6.	Has the board/administration adopted a mission or goals statement that explicitly incorporates a commitment to cultural diversity? Yes No
7.	To what degree does this statement reflect the current issues and concerns of the organization?
	1 2 3 4 5 completely
	What year was this done? Please attach the mission statement.
	Year

$\underline{\textbf{PART 1B}}:$ ORGANIZATIONAL RECOGNITION OF CULTURAL DIVERSITY NEEDS AND ISSUES

8. What are the major organizational characteristics that inhibit ethnic and cultural understanding among staff, consumers, and providers? Attach extra sheets if necessary.

	Administration/Support Staff	Consumers	Providers – Therapists, Case Managers
Geographical Location			
Oral Communication			
Written Communication			
For example:	Facilities are spread across broad geography	Communication difficulties for non-English speaking consumers	Signage and communication problems
	hat degree does the behaviora ethnic and cultural staff?	l health organization acco	ommodate needs and
preferences of		l health organization acco	ommodate needs and 5 completely
preferences of 10. An organization initiatives and area	ethnic and cultural staff? 1 2	3 4 somewhat acrease cultural competent address diversity. To what	5 completely ce. Below are potential at extent has your organi
preferences of 10. An organization initiatives and area identified these an	ethnic and cultural staff? 1 2 not at all on needs to identify ways to in as in which organizations can d other areas? Please use the	3 4 somewhat acrease cultural competent address diversity. To what	5 completely ce. Below are potential at extent has your organi

1 not at all	2 3 somewhat effective	4	5 extremely effective
(a) Cultural beliefs, values	s, and behaviors Yes	□No	
(If the answer is yes, please rate meeting staff diversity needs.)	e on a scale of 1-5 the eff	ectiveness of this	program or action in
11. Do the providers for your b	behavioral health recipie	nts receive educat	ion in:
PART 2A: CULTURAL COMPE	ETENCE AND DIVERS	ITY TRAINING	
This section contains questions on diversity training and human resort		addresses diversit	y needs. Questions relate to
PART 2: BEHAVIORAI ACCOMOD	L HEALTH ORGAN ATING DIVERSIT		
(i) Other (please specify)			
<u>—</u>	therapies pathy e traditional ceremonies nanagement		
(h) Offering complementary o	<u> </u>	ctices to consume	rs-in the following areas:
(g) The organization prepared achieving cultural compete linguistically appropriate s	ence or publication of or		ments of its strategic plan of ts to provide culturally and
(f) The organization includes outcomes, or access to hea recovery initiatives.		-	
(e) The organization has a stracultural competence.	ategic plan for long-term	commitment to a	chieving and maintaining
(d) Solicit advice from consur board to reflect the organiz guidelines, and training ma	zation's ethnic members		
health education, marketin		program and mat	terial development. e.g.,

(b) Adherence to treatment	regimens (e	e.g. keeping appoi	ntments) 🗌 Y	Yes No
1 not at all	2	3 somewhat effective	4	5 extremely effective
(c) Integration with consum	ner-preferen	ace for alternative	therapies 🔲	Yes
1 not at all	2	3 somewhat effective	4	5 extremely effective
(d) Gender roles (including	sexual orie	ntation) 🗌 Yes [□ No	
1 not at all	2	3 somewhat effective	4	5 extremely effective
(e) Definitions and discussion race, ethnicity \(\subseteq \begin{array}{c} \begin{array}{c} \begin{array}{c} \end{array} \end{array}	ons of relev □ No	ant concepts, dive	ersity, culture	,
1 not at all	2	3 somewhat effective	4	5 extremely effective
(f) Laws and regulations aga	ainst discrir	mination Yes	□ No	
1 not at all	2	3 somewhat effective	4	5 extremely effective
(g) Organizational policies, and linguistically approp		0 0	•	
1 not at all	2	3 somewhat effective	4	5 extremely effective
(h) Health disparities \(\subseteq \mathbf{Yes}	s 🗆 No			
1 not at all	2	3 somewhat effective	4	5 extremely effective

(i) Tı	reatment and medication	n respon	se 🗌 Yes 🔲 No			
	1 not at all	2	3 somewhat effective	4	5 extremely effective	
(j)	Other (please specify)					
(If the a meeting		te on a s	cale of 1-5 the effec	tiveness oj	ding ethnic/cultural diversity of this program or action 5 extremely	
	not at an		effective		effective	
(b) A	dherence to treatment	regimens	s (e.g. keeping appo	intments)	☐ Yes ☐ No	
	1 not at all	2	3 somewhat effective	4	5 extremely effective	
(c) I1	ntegration with consum	ner-prefe	rence for alternative	therapies	☐ Yes ☐ No	
	1	2	3	4	5	

somewhat effective

3

somewhat effective

4

(d) Gender roles (including sexual orientation) \square Yes \square No

2

not at all

1

not at all

extremely

effective

5

extremely

effective

(e)	Definitions and discus (diversity, culture, rac			Yes □ N	0
	1 not at all	2	3 somewhat effective	4	5 extremely effective
(f)	Laws and regulations	against dis	scrimination Yes	□No	
	1 not at all	2	3 somewhat effective	4	5 extremely effective
(g)	Organizational policie appropriate services		nd protocols regarding] No	ng culturall	y and linguistically
	1 not at all	2	3 somewhat effective	4	5 extremely effective
(h)	Health disparities \(\subseteq \)	Yes □ N	O		
	1 not at all	2	3 somewhat effective	4	5 extremely effective
(i)	Treatment and medica	ation respo	nse 🗌 Yes 🔲 No		
	1 not at all	2	3 somewhat effective	4	5 extremely effective
(j)	Other (please specify)]Yes □	No		

13. What are the methods used to educate **providers** and **administrative staff**?

Providers Administrative/Staff Was an Was an Yes/No Yes/No **Evaluation Evaluation Tool Used? Tool Used?** Orientation Orientation **Provider Handbooks Provider Handbooks** Formal CC Training **Formal CC Training Modules for Modules for** Provider/Patient Provider/Patient Communication Communication Workshops on **Workshops on Specific CC** Issues **Specific CC Issues Internet-Based** Internet-Based **Training Training** Added as a Added as a Component of Current Provider **Component of Current Provider Education Programs Education Programs** Monographs Monographs **Videos Videos Provider Newsletter Provider Newsletter Articles Articles** Other Other

14. Is the training mandatory or voluntary? Please check appropriate box.

	Mandatory	Voluntary	If Voluntary, what is Compliance rate (percent)
All providers/staff			
All but M.D.'s & Ph.D.'s			
Administration Management			
Administration Support Staff			
Volunteers, per diem, part time, interns			
Other (please specify)			

	its to providing control experienced?	ultural com	petency or di	versity training f	or your staff has y	our
<u>Part 2B</u> : Hui	MAN RESOURC	EE PROGR	AMS			
	nges to providing n experienced?	g cultural co	ompetency or	diversity trainin	g for your staff ha	s your
17. To what deg	gree are there stra	tegies in pl	ace to recruit	retain a cultural	ly diverse	
	1 not at all	2	3 somewh	4 nat	5 high	
18 To what deg		tegies in pl	ace to recruit	retain a cultural	ly diverse non-clin	nical staf
	1 not at all	2	3 somewh	4 nat	5 high	
19 What are the	ese strategies?					
	Manageme	nt/Admini	stration	Non-Clinical	staff with consumon staff with contact	mer
Strategy #1						
Strategy #2						
Strategy #3						

Minority search firm

For example:

Mentoring

not at all		somewhat		hig	h
To what degree are culturall nguage) compensated for the	-	-	ills (biling	ual and/or A	american S
1 not at all	2	3 somewhat	4	5 hig	h
Does your organization have	e the following	g programs?			
(a) Career development	activities		Yes	☐ No	
(b) Skills			Yes	□ No	
(c) Management/Leader	ship developm	nent	Yes	□ No	
(d) Development opport	unities for Inc	lusion of para-p	professional	ls Yes	☐ No
(e) Inclusion of commun	nity liaisons				
(Peer Support, Advo	cacy Groups,	etc)	Yes	☐ No	
(f) Other (please specify)			Yes	☐ No	
If yes to any of the above (0	Q21), for whic	h staff?			
Do you have the following	activities avai	lable?			
(a) Mentoring			☐ Yes	□ No	
(b) Tuition reimburseme	ent/assistance		☐ Yes	☐ No	
	employee assi	stance program	s Yes	☐ No	
(c) Personal counseling/					
(c) Personal counseling/(d) Employee Wellness	Programs				

to organizational goals for ethnic/cultural (i.e. non-white) staff, and to what extent do they participate? 1 2 3 4 not at all somewhat completely effective effective **Effectiveness** % Total Staff Of that total Percentage, **Participation** what % of (non-white) **Staff Participates Mentoring Tuition Reimbursement Personal Counseling Employee Assistance** Other (please specify) 25. With regard to ethnic/cultural minority (i.e. non-white) staff at your organization, what trends have you observed in the past two years? the same decreasing increasing unknown (a) Discrimination or grievances are: (b) Retention of ethnic/cultural minority staff is: (c) Promotions of ethnic/cultural minority staff are (d) Turnover of ethnic/cultural minority staff is: 26. Are there human resource policies and procedures in place to address concerns or complaints

24. If yes to any of the above (Q21), how effective are those programs identified in Q21 in contributing

concerning unfair treatment in the area of-racial and ethnic-cultural issues?

」Yes □No

27. What are these human resound quantitative measures) are t		and procedures, an	nd how effe	ctive (by qualitative or
1 not at all	2	3 somewhat effective	4	5 extremely effective
Please attach policies and pro	cedures if m	nore space is requ	ired.	
Dollors and proceeding #1	D	Description		Effectiveness
Policy and procedure #1				
Policy and procedure #2				
Policy and procedure #3				
NoIf yes, Provide a list of principa	l duties or at	tach the departmen	nt overview	
(a)	(b)		(c)	
29. Please identify (a) where the position title. (a)		· 		al diversity) reside; and (b) th
30. Are there marketing initiative involved with consumer core ☐ Yes ☐ No				

recruit mul another lar 	nguage? How o	ubout reac	hing other population	<i>is?)</i>		
32. Is there Yes	S	cial suppoi	rt for cultural diversit	y activities or p	orograms?	
(a) How pro	w much money grams? Please w beneficial ha	has been provide do ve these pr	ollar estimates in colu	wing key areas amn titled, 'Alla eving related of	of cultural diversity activ	
not	1 beneficial	2	3 somewhat beneficial	4	5 extremely beneficial	

Please base your responses on past fiscal or calendar year.

	Allocation	Benefits
Staff		
Staff/Provider Training		
Materials/Resources		
Community Based Outreach (Clinical Programs)		
Community Education Programs		
Other (please specify)		

34. If the allocation has changed over the past fiscal or calendar year, by what percentage has it changed? Indicate whether change has been positive (+) or negative (-).

	Change in Allocation
Staff	
Staff Training	
Materials/Resources	
Community Based Outreach	
(Clinical Programs)	
Community	
Education Programs	
Other (please specify)	

PART 3: BEHAVIORAL HEALTH ORGANIZATION'S LINKS TO CONSUMERS

Questions in this section are dedicated to organization's links to the consumers served as well as ethnic staff diversity initiatives. This section is divided into five parts: (a) Behavioral health organizational links to diverse communities; (b) organizational adaptation to diversity; (c) database systems and data development; (d) language and communication needs of consumers and staff; and (e) business strategies attracting consumers from diverse cultures.

PART 3A: ORGANIZATIONAL LINKS TO DIVERSE COMMUNITIES

Questions in this section address your organization's relationships with the culturally diverse communities of your consumers and their effectiveness.

- **35.** This question is in three parts; use table below: (PROVIDE EXAMPLES FOR EACH TABLE)
- (a) Identify culturally diverse service links/relationships- please name up to four (4) diverse groups/organizations with which your behavioral health organization has substantial relationships or links in the table below. If more than four, please attach pages.

(b)	What are the culturally diverse service relationship or linkage activities? (Please describe	activities
	in the space provided, or attach additional pages if necessary)	

(c) How effective are these relationships or	linkages in contributing to organizational cultur	al
competence goals of your organization?	? (Please use the scale below)	

1	2	3	4	5
not at all		somewhat		extremely
		effective		

(d) Please identify Culturally Diverse **Community Resource/Advocacy Groups** with which your organization has relationships or links.

	Activities	Effectiveness
1		
2		
3		
4		

(e)Please identify Culturally Diverse **Local/State Provider Authorities** with which your organization has relationships or links.

	Activities	Effectiveness
1		
2		
3		
4		

(f) Please identify Culturally Diverse **Ethnic**, **Cultural**, **Spanish and/or other Language Newspapers or Publications** with which your organization has relationships or links.

	Activities	Value
1		
2		
3		

4		
(g)Please identify Faith Bas organization has relationship	_	tural/Holistic Healers with which y
organization has relationship		
1	Activities	Effectiveness
1		
2		
3		
4		
(h)Please identify Culturally has relationships or links		Schools with which your organization
	Activities	Effectiveness
1		
2		
3		
4		
(i)Please identify Culturally has relationships or links.	Diverse and/or Minority Business (Groups with which your organizatio
	Activities	Effectiveness
1		
2		
3		
4		
(j)Please identify Culturally which your organization has	Diverse Community Advisory Gro relationships or links.	oups/Committees/Coalitions with
	Activities	Effortivonoss

3				
4				
36. How closely does your organized diversity objectives for each of a not much				
Collaboration		Collaboration		Collaboration
			of Collabora	
Culturally Diverse Community		8		
Resource/Advocacy Groups				
Culturally Diverse Local/State Provider Authorities				
Culturally Diverse and/or Ethnic/Cultural, Spanish or othe Language Newspapers or Publications	er			
Faith Based Organizations/Grou and & Natural/Holistic Healers	ups			
Culturally Diverse Educational Institutions/ Schools				
Culturally Diverse and/or Busin Groups	iess			
Culturally Diverse Community				
Advisory				
Groups/Committees/Coalitions	ماه :	DI	·_	
	*	Please use the 1 –5 scal	e	
37. Does your organization:				
(a) Have a staff member or depart				iversity initiatives \[\sum \text{Yes} \text{No} \]
If yes, how long have you had If no, do you have plans to und		•)	☐ Yes ☐ No
(b) Involve community partners reorganization functions?	epresen	ting culturally diverse a	reas in planni	ing/evaluating ☐ Yes ☐ No

	If yes, how long have you had this activity? (in years) If no, do you have plans to undertake this activity?	☐ Yes	□ No
(c)	Encourage staff to participate in meetings of culturally diverse communities?		
		☐ Yes	□ No
	If yes, how long have you had this activity? (in years) If no, do you have plans to undertake this activity?	☐ Yes	□ No
(d)	Select consumer advocates for their ethnic/cultural diversity? If yes, how long have you had this activity? (in years)	☐ Yes	□No
	If no, do you have plans to undertake this activity?	☐ Yes	□No
(e)	Offer Community Based educational programs and/or trainings that target he specific ethnic/culturally diverse populations?	alth belie ☐ Yes	
	If yes, how long have you had this activity? (in years) If no, do you have plans to undertake this activity?	☐ Yes	□ No
(f)	Establish or contribute to community support groups/organizations/events for diverse populations e?	r ethnic/ c	culturally
	If yes, how long have you had this activity? (in years) If no, do you have plans to undertake this activity?	☐ Yes	□No
(g)	Other (please specify) If you have you had this activity? (in years)	☐ Yes	□ No
	If yes, how long have you had this activity? (in years) If no, do you have plans to undertake this activity?	☐ Yes	□ No
	Please list culturally diverse groups/organizations/businesses your organization to provide health promotion services about mental health or substance abuse		
	How long has your organization collaborated with each culturally diverse gropectively? (in years)	oup/organ	ization
40.	Do you have plans to undertake this activity?		
	☐ Yes ☐ No.		
	I INES		

	ndors/purchasers/groups/organizations in your co	C	c/culturali	y diverse
	Yes			
	No			
If	yes, please give examples.			
 43. Но	ow long has your organization had this initiative o	or program?	(in years)	
44. Do	you have plans to undertake this activity?			
	Yes No			
45. Ho	E 3B: ORGANIZATIONAL ADAPTATION TO ow does your organization determine the cultural o you have a database or information system to contain the cultural organization of the cultural organization and the cultural organ	characteristics of its		
	ioral health recipients?			
	Yes No			
	s the database or information system used to identify cultural consumers/members in the following are	· -	ural needs	of the
	(a) Interpreter Services	☐ Yes	□ No	
	(b) Preferred language for written materials	☐ Yes	□ No	
	(c) Primary spoken language	☐ Yes	☐ No	
	(d) Inclusion of extended family in treatment	☐ Yes	☐ No	
	(e) Inclusion of spiritual or culturally appropri	riate beliefs and prac Yes	etices in tre	atment
	(f) Inclusion of gender-based beliefs and prac-	ctices in treatment] Yes	No
	(g) Other (please specify)	☐ Yes	□ No	

48.	Can the consumer demographic information from the above (race/ethnicity/language) be linked to other data (consumer satisfaction, grievances, dis-enrollment?)	• •			
	☐ Yes ☐ No				
49.	. How often do you survey consumers? Organization does not survey consumers Weekly Monthly Quarterly Annually				
50.	 50. Does your consumer satisfaction survey ask questions that assess satisfaction of services in the are of cultural diversity of the consumer/member (e.g. language preferences, healing beliefs, family education, extended family support, and use of other natural indigenous supports)? Yes No 				
51.	. How many questions addressing these areas of cultural survey? (please attach copy of survey)	diversity are on the consumer satisfaction			
(a)	. Does your consumer satisfaction survey collect information in Preferred location(s) of service delivery Yes N Hours that accommodate consumer needs Yes	0			
53.	. Is the consumer satisfaction survey available in language Yes No	ges other than English?			
54.	. If yes to Q50 above, in what languages is the consumer	satisfaction survey available?			
	1 2	3			
	4 5	6			

for no in the table below. A	owing does Also please s zation's ethr	your organization tate your opinion	provide. Pla on how effec	ace either a "Y" for yes or "N"
1 not at all	2	3 somewhat effective	4	5 extremely effective
Use table for response.			Yes/No	If yes, how well do they
			2 05/110	work?
A. Consumer services assistant consumers with LEP (Limited I securing appointments				
B. Protocols for addressing ethnneeds	nic/cultural	interpreting		
C. Distribute or make available signage that advises patients ho language/cultural assistance		ed providers		
D. Accommodations for provid cultural beliefs restrict the type male/female)				
E. Availability of consultants we cultural values into care (e.g., rebeliefs)		-		
F. Assistance for ethnic/cultura discharge planning	lly diverse p	populations in		
G. Other (please specify)				
56. If you answered "yes" to Q	50C in the a	bove table, in wha	at languages	are the signs available?
1	2			3
4	5			6

PART 3C: DATABASE SYSTEMS AND DATA DEVELOPMENT

•				of culturally diverse / sta sals, training, and absente	
	one or more of the above	apply.			
✓ Yes✓ No					
ngs, and training Yes	e analyzed by rate of turn? Check yes if one or mon	-		over, performance apprai	sal
∐ No					
How effective is Describe the typ	•	ganization app	lies to the dat	organization's cultural go a, from the following. Gi al ethnic/cultural goals.	

Use table for response.

	Yes/No	If yes, how well does this
A. Monitor Board of Directors cultural diversity.		appear to work?
B. Monitor the number of senior and mid-level		
managers— decision makers — who are culturally &		
linguistically appropriate		
C. Develop recruitment strategies to address any areas		
where the organization's cultural diversity is not meeting		
goals.draw culturally & linguistically competent staff to		
the organization		
D. Partner with the training system to grow, recruit and		
retain culturally & linguistically competent staff –Does		
your organization have staff training in place on cultural competence?		
•		
E. Examine how job appraisals observe culturally competent work in action across all levels of		
administrative and direct service delivery Do the staff job		
appraisals rate address culturally competent work		
practices?		
F. Staff training in assistance for ethnic/cultural		
populations in treatment planning		
G. Other (please specify)		
62. Identify initiatives, programs or policies developed bas	sed on such ana	lyses.
PART 3D: LANGUAGE AND COMMUNICATION NEE	EDS OF CONS	UMERS AND STAFF
63. Does your organization have written policies that relate	to the provision	on of interpreter services?
Yes please describe or attach these policy statement	•	•
res piease describe of attach these policy statemen		
□ No		

•	-	and monitor targ		nold levels for which interpreter umers?		
_ Ye	☐ Yes ☐ No					
-	_	er of consumers won of interpreter s	-	language other than English is used as the nat language?		
	%					
	Number					
	No minii	mum				
that apply) Identify Identify Identify Self-identify Other	66. How does your organization identify consumers needing interpretation and translation? (check all that apply) Identification by enrollment application Identification by surveys Identification by clinician Self-identification Other (please specify)					
	Language	% Of	% Of			
		Consumers	Staff			
68. Are all of needed?	the facilities that	are part of your	organization	required to provide interpreter services if		
	es 🗌 No					

	ch of the following key entry points or contact points does your organization in languages spoken by your consumers? (check all that apply)
	 ☐ Consumer services ☐ Advice line ☐ Information desk/operator ☐ Walk in clinic services ☐ Pharmacy services ☐ Through a Consumer Services telephone assistance line ☐ In contracted provider offices (through AT&T or other provisions) ☐ In contracted facilities, per protocols established by their contract with your organization ☐ Phone services for handling after-hours emergency calls ☐ Other (please specify)
☐ Translated inserts ☐ Translated-records ☐ Translated signage ☐ Consumer newsless	in general organization documents ed messages on customer service telephone lines e at key points of contact throughout the organization tter cify)
☐ Face-to-face ☐ Phone-based ☐ Internal ☐ Contracted	ces are available? (check all that apply) ify)
☐ Yes ☐ No	ment the utilization of interpreter services?

73. Does your organization have a policy for recruiting bilingual staff? ☐ Yes □ No 74. Are interpreters trained in cross-cultural medical language? Yes □ No 75. Are the interpreters trained? (Check all that apply) In-house training Outside contractors 76.. Which of the following characteristics apply to language interpreters used by your organization? Certified in healthcare interpretation Trained in healthcare interpretation Trained in ethics of healthcare interpretation Trained in sequential or consecutive interpreting Demonstrates knowledge of specialized terms or concepts in both languages Trained in interpreting for LEP consumers 77. Is the training evaluated with pre and post skills testing? ☐ Yes □ No 78. Are interpreters and other staff trained to understand and respond to ethnic or cultural traditions (e.g. religious rituals, involvement of family, use of alternative healers, etc.)? **□** Yes **No** No 79. How does your organization assess the quality of these services?

STAFF ISSUES

	ficiency testing for healthcare translations?
	Yes No
	e clinical and non-clinical \(\frac{\pmathrm{bilingual staff}}{\pmathrm{given any training on communicating with nic/cultural minority consumers/members?} Yes No
	e interpreters and staff who are proficient in cultural and linguistically appropriate service ivery provided a pay differential? Yes No
EDUC	ATIONAL
83. Do than E	es the organization have policies in place to make available written materials in languages other
83. Do than En Ple	es the organization have policies in place to make available written materials in languages other nglish?

84 How does your organization acquire translated materials? (check all that apply)	
☐ Translated by staff	
Translations by person hired by contract	
☐ Translations purchased from professional translator	
Translated material secured from another behavioral health organization	
Translated material secured from other (non-behavioral health) agency or organizat	ion
Other (please specify)	
85. What materials are translated into other languages? (check all that apply)	
For Consumers:	
Consumer Handbook	
Consumer rights and responsibilities	
Consumer satisfaction survey	
Marketing/Advertisements	
Billing information	
Grievances and Appeal procedures	
Consumer education materials (provider directories, newsletters, etc.)	
Other commonly used forms, such as releases of information, consent to video/audi	o tape, etc.
For Staff:	
Employee handbook	
Employee newsletters	
Employment application	
86. Does your behavioral health organization provide interpreter services for: (check all that	t apply)
Hearing impaired consumers	
Physically challenged	
☐ Mental Illness?	

PART 3E: BUSINESS STRATEGIES ATTRACTING CONSUMERS FROM DIVERSE CULTURES

87. Is the organization undertaking special initiatives to target consumers and expand services to cultural **and/or ethnica**lly diverse ethnic/cultural-populations in the following areas:

(a) Marketing:		
(a1) Advertising, (e.g. newspapers, community fliers, churches, etc.)?		□ No
If yes, how long have you had this initiative? (in years) If no, do you have plans to undertake such an initiative?	Yes	□ No
(a2) Recruitment drives in ethnic/cultural neighborhoods? If yes, how long have you had this initiative? (in years)	☐ Yes	□ No
If no, do you have plans to undertake such an initiative?	☐ Yes	□ No
(a3) Meetings with ethnic/culturally diverse community organizations If yes, how long have you had this initiative? (in years)		s 🗌 No
If no, do you have plans to undertake such an initiative?	☐ Yes	□ No
(a4) Meetings with ethnic/culturally diverse business groups, (excludi open enrollment)?	ng Yes	□ No
If yes, how long have you had this initiative? (in years) If no, do you have plans to undertake such an initiative?	Yes	□ No
(a5) Other (please specify)	☐ Yes	□ No
If yes, how long have you had this initiative? (in years) If no, do you have plans to undertake such an initiative?) □ Yes	□ No
(b) <u>Services</u> :		
(b1) Developing services in ethnic/culturally diverse communities? If yes, how long have you had this initiative? (in years)	☐ Yes	□ No
If no, do you have plans to undertake such an initiative?		□ No
(b2) Expanding services in ethnic/culturally diverse communities? If yes, how long have you had this initiative? (in years)	☐ Yes	□ No
If no, do you have plans to undertake such an initiative?	☐ Yes	☐ No

(b3) Developing pro in Hispanic cor		e communities, such		
If yes, how lon	g have you had this initiati		_	
If no, do you h	ave plans to undertake suc	h an initiative?	iative?	
4.435	1. 4 / 1.	1	x _	
	nes regarding ethnic/cultur g have you had this initiati			□ No
	ve plans to undertake such			□ No
(b5) Other (please s	pecify)		□ Ves	□ No
				
	ave plans to undertake suc			□ No
ethnic/cultural c Yes No	onsumer needs?	, and the second	•	
			_	
90. Do these policies and prepresented in your com Yes No		our ethnic/cultural con	nsumer group	s that are
91. What groups are omitte	d?			
1	2		3	
4	5		6	

92.	What groups are included?					
	1	2		3		
	4	5		6		
93.	How does your organization in Improvement efforts?					
	HAVIORAL HEALTH CAR Behavioral Health Groups: (
94.			10.5			
	 ☐ Scheduled days and hours of operation other than usual 8-5 range ☐ Culturally friendly physical environment with interior design, pictures, posters, and artwork of diverse populations engaged in meaningful activity throughout the facility. 					
	Facilities specifically into	_	-	-	3	
	Signage and directions tra			_		
	☐ Signage in Braille at criti	cal points of service f	or the blind			
	Print materials prepared i	in larger fonts for olde	er and visually imp	paired audiences		
	Use-of language identific				consumers	
	Facilities are accessible to	persons with disabili	ties			
	Services for the hearing iNone of the above	mpaired, including ph	iones			
95.	Do you have employed interp If yes, please provide the best to provide language assistance	t estimate of how man		☐ Yes preters are availa	□ N o ble	
96.	Does your organization have and linguistically appropriate			_	_	
				Yes	☐ No	

OPTIONAL SUPPLEMENTAL INTERVIEW QUESTIONS

SUGGESTED QUESTIONS FOR INTERVIEWS*

The following are questions that might be posed to individuals both within and external to the organization who are interviewed as part of the Organizational Assessment process.

The purpose of the interview is to add the dimension of personal experience to the information gleaned from the questionnaire and to identify unexplored areas. While many of these questions are covered in the questionnaire, additional insights will be obtained as the interviewees address these questions in terms of their experience and the context of their jobs.

Along with data reported in the questionnaire, these answers will help your organization assess its overall cultural competence and identify steps for action. These questions may be supplemented by others suggested by the committee. Also, interviewees may wish to discuss other aspects of diversity and/or share written materials with you.

SUGGESTED INTERVIEW QUESTIONS (select those questions which you feel add value to the information you have gathered in the Organizational Assessment Tool)

- 1. When you hear the term "cultural competence," what comes to mind?
- 2. What are the most challenging priorities of the multi-ethnic and cultural nature of the behavioral health organization?
- 3. What are the major organizational obstacles (policies, organizational characteristics) inhibiting ethnic and cultural understanding among staff, consumers, providers, etc.? What are the major organizational characteristics that enhance the multi-ethnic and cultural nature of the behavioral health organization?
- 4. As the behavioral health organization has attempted to meet the needs of ethnic and cultural diversity, what issues have arisen (need for resources, conflict, etc.)?
- 5. What mechanisms, if any, are in place to promote communication among different levels and departments of the behavioral health organization in regard to issues of cultural competence?
- 6. What has the behavioral health organization done to provide the best care for the multi-ethnic and culturally diverse consumer population (e.g. educating providers in regard to different ethnic/cultural beliefs and practices; use of specific services -- interpreters, community liaisons, etc.)?
- 7. In what ways have you addressed the ethnic and cultural needs of consumers as they receive care throughout the continuum (home visits, social services, etc.)?
- 8. What services, programs, etc. are available to staff regarding ethnic/culturally-related issues?
- 9. In what ways are providers trained and helped to deal with ethnic and cultural issues (e.g. trained to recognize diseases common in certain populations, mechanisms and protocols by which providers can request assistance in dealing with ethnic/culturally diverse consumer issues and needs)?
- 10. What relationships does the behavioral health organization have with particular community groups and how have these relationships affected the ethnic/cultural competency effort (community businesses under contract, initiatives with neighborhood health centers, etc.)?

- 11. What community outreach actions have been taken by the behavioral health organization (e.g. mental health or substance abuse education programs, materials and forums for various ethnic/cultural groups, community support for consumers of various ethnic/cultural backgrounds)?
- 12. In what ways are ethnic and cultural differences recognized throughout the organization (e.g. celebration of certain days, programs focused on specific behavioral health needs of a particular group)?
- 13. What, if any, ethnic/cultural professional programs are there to develop, as well as attract ethnic culturally diverse staff? Are internships targeted toward ethnic culturally diverse professionals? Mentoring programs? What are the challenges in developing and delivering these programs?
- 14. What government guidelines or regulations guide/influence your programs and initiatives regarding ethnic/cultural diversity and cultural competence?
- 15. What are the greatest strengths and the biggest concerns of the organization in regard to the delivery of care to and interactions with the multi-ethnic/cultural populations of its community?
- 16. What have you seen or would you like to see in terms of actual effects of ethnic/cultural initiatives on the work environment and on patient care?
- 17. What are your concerns about any of the ethnic/cultural activities undertaken by your organization?

^{*(}Acknowledgment is given to Deborah Dwork, Employee Relations Director, Beth Israel Deaconess Healthcare organization, Boston, MA, who developed many of the above questions for use in its self-assessment.)

Appendix I

Arizona Department of Health Services Cultural Competency Organizational Assessment Protocol Codebook

SPECTRUM OF COMPETENCE

Stage 0: Inaction

During this Stage, virtually no activity, organized approach or conscious intent to address cross-cultural competence exists. While CEO and management may be aware or recognize it as important, leadership or involvement in promoting related initiatives is essentially non-existent. Staff and consumers generally are left to fend for themselves.

Stage 1: Symbolic Action and Initial Organization

During Stage 1, behavioral health organizations have taken some action to recognize diversity within their staff, their consumer population and community. There is a feeling, at least among staff and some in management, that diversity is an important issue, that the organization may face problems associated with competence, and that some action must be taken to address it.

At this Stage, the behavioral health organization may have given recognition to staff, standing committees may have been instructed to address cultural diversity, and new committees may have been formed that specifically address this issue for consumers and/or staff. However, relatively little formal movement and direction would have taken place. Funding commitment may be minimal and consumer related initiatives on cross-cultural competence would tend to be ad hoc.

Stage 2: Formalized Action

A behavioral health organization at Stage 2 has consciously recognized the need to address diversity and has developed formalized efforts in cross-cultural issues. Management/administration, at least to some important extent, are involved if not actively participating or leading in these efforts. The organization has made some financial commitment.

Behavioral health organizations at this stage tend to have *internalized* much of the action and commitment on cultural diversity, for example, through workforce diversity training sessions and seminars. Some may feel that they "have to get their own house in order" before going beyond the management and staffing issues. Measures of progress and related processes, actions or activities may be more conceptualized in place.

Stage 3: Internal and External Cultural Diversity Initiatives

Behavioral health organizations at Stage 3 have made a commitment to staff and undertake formal diversity initiatives both within the organization (i.e. workforce and management) and for behavioral health services to diverse populations and communities. Plans have been developed and actions have been taken to advance these diversity staffing/management and consumer issues. That is, there are organized consumer and staff programs related to diversity and competency. Administration is at least cognizant and committed to diversity. These programs' efforts tend to operate distinctly from each other, however, with little coordination. Measurement of related effects is initiated but not well developed.

Stage 4: The Cultural Diversity Learning Organization

The cultural diversity learning organization has synthesized critical elements into its planning, execution and review processes. Cultural diversity becomes part of orientation and training for staff (medical and non-medical) at all levels. Diversity activities are seen as an integral part of the behavioral health organization. Diverse communities are incorporated into planning and decision making at all organizational levels, while the organization also reaches out to the community to educate, inform and to receive feedback. Process and outcome measures of diversity initiatives' effects are planned and put in place.

PROTOCOL FORMAT

There are three (3) broad parts with ten (10) subparts in the protocol. Each section has distinct features.

1) Ethnic/Cultural Characteristics of Your Organization – contains the following 2 subsections:

2) <u>Behavioral Health Organizational Approaches to Accommodating Diversity Needs and Attributes</u> – contains the following 2 subsections:

Part 2A – Cultural Competence and Diversity Training
6 questions
<u>Part 2B</u> – Human Resources Programs

3) <u>Behavioral Health Organizational Links</u> to Consumers/members- contains the following 5 subsections:

<u>Part 3A</u> – Organizational Links to Diverse Communities	9 questions
<u>Part 3B</u> – Organizational Adaptation to Diversity	11 questions
Part 3C – Database Systems and Data Development	6 questions
Part 3D – Language and Communication Needs of Consumers and Staff	18 questions
Part 3E – Business Strategies Attracting Patients from Diverse Cultures	11 questions